

LA16187



State of Louisiana
Statement of Organization

BOARD OF ETHICS
S/D

0902972

Rec'd # 7930
ok # 002

FORM 200. STATEMENT OF ORGANIZATION

Committee: PHYSICIANS & PATIENTS FOR INSURANCE REFORM***

Date filed:
01/27/2009

STATEMENT OF ORGANIZATION											
1. Name and Address of Committee		2. Date of this Statement									
PHYSICIANS & PATIENTS FOR INSURANCE REFORM*** 1717 ST. CHARLES AVENUE NEW ORLEANS, Louisiana 70130 Check if new committee		01/27/2009									
		3. Estimated Membership									
		50									
		4. Amended Statement?									
		Yes X No									
5. All Committees Officers (including Chairperson, Treasurer, if any, and directors) <div style="float: right; text-align: right;"> This report was electronically filed. Go to electronically filed reports to view. </div> <table border="1"> <thead> <tr> <th>Position</th> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Chairperson</td> <td>SCOTT K. SULLIVAN</td> <td>1717 ST. CHARLES AVENUE, NEW ORLEANS, Louisiana, 70130</td> </tr> <tr> <td>Treasurer</td> <td>FRANK K. DELLACROCE</td> <td>1717 ST. CHARLES AVENUE, NEW ORLEANS, Louisiana, 70130</td> </tr> </tbody> </table>			Position	Name	Address	Chairperson	SCOTT K. SULLIVAN	1717 ST. CHARLES AVENUE, NEW ORLEANS, Louisiana, 70130	Treasurer	FRANK K. DELLACROCE	1717 ST. CHARLES AVENUE, NEW ORLEANS, Louisiana, 70130
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Treasurer	FRANK K. DELLACROCE	1717 ST. CHARLES AVENUE, NEW ORLEANS, Louisiana, 70130									
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers or financially supports this committee.)											
Name Address Relationship to Committee											
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)											
Name Address											
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:											
a. Check one: Principal Campaign Committee Subsidiary Committee											
b. Name of Candidate		c. Office Sought by the Candidate									
9. Name of Person Preparing Report: JAMES BURLAND Daytime Telephone: 2257677163											
10. WE HEREBY CERTIFY, that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.											
This 27th day of January, 2009.											
SCOTT K. SULLIVAN		504-585-7032									
Signature of Committee Chairperson		Daytime Telephone Number									